



5 Does the Applicant have a parent organization (non-profit, corporate, or otherwise)?  YES  NO

If "YES", please indicate the following:

University System of Georgia

(Parent Organization Name)

270 Washington Street, SW

(Street Address)

Atlanta

(City)

GA

(State)

30334

(ZIP Code)

6 Is the Applicant an instrumentality of the State under the jurisdiction of the South Dakota Board of Regents?

YES  NO

If "NO", please indicate whether the Applicant is either (check one of the following):

An instrumentality of another state (please list the state agency which has jurisdiction over Applicant)

State Georgia

Agency University System of Georgia

Address 270 Washington Street, SW

City Atlanta

State GA

Zip Code 30334

Contact Phone Number 404-962-3060

Contact Website http://www.usg.edu/contact/

Legally established to operate in South Dakota as a private business entity

South Dakota Corporate ID \_\_\_\_\_

South Dakota Corporate Name \_\_\_\_\_

Legally established to operate in South Dakota as a not-for-profit corporation.

South Dakota Corporate ID \_\_\_\_\_

South Dakota Corporate Name \_\_\_\_\_

7. Is the Applicant accredited by an accrediting agency recognized by the United States Department of Education?

YES

Accrediting Agency: Southern Association of Colleges and Schools

1866 Southern Lane

(Street Address)

Decatur

(City)

GA

(State)

30033

(ZIP Code)

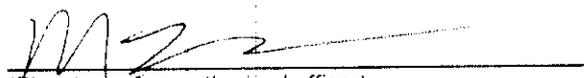
Effective date of most recent grant of accreditation: 2013  
Term or expiration date of most recent accreditation: 2023

NO Application submission must include documentation of an affiliation agreement whose terms make another postsecondary institution, which is accredited by an accrediting agency recognized by the United States Department of Education, responsible for awarding academic credit and educational credentials to its students and maintaining transcripts for such students

The undersigned acknowledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a change in information set forth in this Application, including any changes in information set forth in any Attachments or other accompanying information. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein, and in support thereof, is true and correct.

The application must be signed by an authorized officer of the postsecondary educational institution:

Dated July 21, 2014

  
(Signature of an authorized officer)

Marsha Miller  
(Printed name)

State Authorization Coordinator  
(Title)

**Submit Application to:**  
South Dakota Secretary of State  
Corporations Division  
500 East Capitol, Suite 204  
Pierre, SD 57501

Or email us at:  
[SOS.EDU@state.sd.us](mailto:SOS.EDU@state.sd.us)

### Exemptions

If the institution falls under one or more of the following categories, the institution is exempt from registering.

- Established by the government of the United States;
- Established by the government of an Indian tribe whose tribal lands are located, in whole or in part, in South Dakota;
- Established, owned, controlled, operated, and maintained by a religious organization lawfully operating as a nonprofit religious corporation and awarding only religious degrees or certificates for the purpose of conferring clerical status or authority within that religion; or
- Subject to the jurisdiction and regulations to the South Dakota Cosmetology Commission.

**ATTACHMENT A**

**ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS**

(Must be accompanied by an Application for Certificate of Authorization to Provide Postsecondary Education)

1. \_\_\_\_\_  
(Name)

\_\_\_\_\_

(Street Address)

\_\_\_\_\_

(City) (State) (ZIP Code)

2. \_\_\_\_\_

(Name)

\_\_\_\_\_

(Street Address)

\_\_\_\_\_

(City) (State) (ZIP Code)

3. \_\_\_\_\_

(Name)

\_\_\_\_\_

(Street Address)

\_\_\_\_\_

(City) (State) (ZIP Code)

4. \_\_\_\_\_

(Name)

\_\_\_\_\_

(Street Address)

\_\_\_\_\_

(City) (State) (ZIP Code)

(Make additional copies of this Attachment as may be necessary and submit with Application)